

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. 281

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 1073

To \_\_\_\_\_  
(Payee)

PAID BY

SAPC 6956  
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				12,479	23
Use continuation sheet(s) if necessary				Total		\$12,479	23

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Government B/L No. \_\_\_\_\_

Shipped from \_\_\_\_\_

to \_\_\_\_\_

Weight \_\_\_\_\_

Government B/L No. \_\_\_\_\_

(Payee must NOT use this space)

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Differences \_\_\_\_\_

Date \_\_\_\_\_

(or bills)

Amount verified; correct for  
(Signature or initials) \_\_\_\_\_

12,479 23

Contract No. A101

Date \_\_\_\_\_

Req. No. \_\_\_\_\_

Date \_\_\_\_\_

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ 12,479.23

By \_\_\_\_\_  
APPROVING OFFICER (DATE) \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Date \_\_\_\_\_

STATINTL

Title \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

CONTRACTING OFFICER (DATE) 6/19/56

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in favor of payee named above.  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or completed in the name of a company or corporation, the name of the person writing the company or corporation must be given, as in the following example:  
"John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per \_\_\_\_\_

Title \_\_\_\_\_

STATINTL

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090017-1

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## ACCOUNTS PAID REPORTS

RW-71002 (11-55) © RC-13858

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☒ DIVISIONAL DETAIL ACCOUNTS PAID JOURNAL☐ DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL☐ CONSOLIDATED ACCOUNTS PAID DISTRIBUTION

REPORT NO.

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR						ACCOUNT	M.J.O.	S.O.	WORK ORDER	
250000			05	17	6	26301	BURN LAB	522045	2064	5	12700	5022	24		19000 19000 19000 19000
250000			05	18	6	26410	RADIO PROD	522105	2877	5	12700	5022	42		76335 76335 76335 76335
250000			05	18	6	26374	PACK/BELL	517929	16633	5	12700	5022	63		86158 86158 86158 86158
250000			05	16	6	26161	R G WALLACE	517392	22846	5	12700	5022	65		6033 6033 6033 6033
250000			05	17	6	26267	BULOVA	517604	22440	5	12700	5022	67		33250 33250 33250 33250
250000			05	18	6	26365	INDUSTRIAL	517600	22868	5	12700	5022	68		1474 1474 1474 1474
250000			05	15	6	26149	AUTO MFG	510421	22916	5	12700	5022	69		88000 88000 88000 88000
250000			05	18	6	26361	GLIDE EASY	517571	22878	5	12700	5022	70		648 648 648 648
															160558